

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER COLFAX FOR SUPERIOR COURT JUDGE 2010, LINDA			Date of This Filing <u>10/21/2009</u>	Date Stamp Page 1 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER () -	I.D. NUMBER (if applicable) 1321744	Report No. <u>001</u>			
STREET ADDRESS					
CITY SAN FRANCISCO	STATE CA	ZIP CODE 94110	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages <u>3</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/05/2009	GLORIA HARRIS OAKLAND, CA 94618 Memo Reference: 1	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE COACH Glo Harris, Executive Coach	\$6,000.00
10/09/2009 - 10/09/2009	HARVEY A. HARRIS ST. LOUIS, MO 63108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY STOLAR PARTNERSHIP	\$6,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other

PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER COLFAX FOR SUPERIOR COURT JUDGE 2010, LINDA			Date of This Filing 10/21/2009	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER () -	I.D. NUMBER (if applicable) 1321744		Report No. 001	Page 2 of 3	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY SAN FRANCISCO	STATE CA	ZIP CODE 94110	No. of Pages 3		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Memo Reference: 1

I'd appreciate waiver of the penalty for at least one day. I didn't get password until today.